|  |  |  |
| --- | --- | --- |
| UA-color-left-med | **Request for Special Travel Authorization****(For CES employees only)** | TRAV-2132-9-2016 |
|  |
| Date: |       |  |  |
|  |
| Name of Traveler: |       |  |
|  |
| This is to request approval for a special travel authorization in order to increase the daily allowance for lodging on: |
|  |
|       | to |       | At a rate of $ |       | Per night |
| *(Dates of Lodging)* |  | *(Rate of Lodging)* |  |
|  |
| Name of Hotel: |       |  |
|  |
| Name of Meeting: |       |
|  |
| City/State Meeting Held: |       |
|  |
| Specific Reason(s) for this request: |        |
|  |  |  |  |
|  |
|  |  |  |  |
| Approvals |  |  |  |
|  |       |  |  |
| Applicant’s Signature: |  | Headquarters: |       |
|  |
| Title |       | Date: |       |
|  |
|  |       |  |
| Supervisor’s Signature: |  | Date: |       |
|  |
|  |       |  |
| Travel Administrator: |  | Date: |       |
|  |  |  |  |
| Who to contact for questions: |       |  |  |
|  |  |  |  |
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